

FORM F

WELFARE DEPARTMENT

City of Berlin, N.H.

ELIGIBILITY OF ASSISTANCE WORK SHEET

A. TOTAL ALLOWABLE EXPENSES

ALLOWABLE EXPENSES:

(Enter actual expenses or maximum from schedule whichever is less)

Rent/mortgage/board	_____	\$ wk./mo
Groceries	_____	
Household & Personal Needs	_____	
Telephone (if allowed)	_____	
Medication (as needed)	_____	
Utilities	Current _____	
	Back _____	

Other	_____	

	Total _____	

B. TOTAL RESOURCES

RESOURCES:

Income _____ \$ wk./mo

Available Assets

.

ELIGIBILITY (A — B)

(If B is greater than A, applicant is ineligible)

AREA IN WHICH ASSISTANCE WILL BE RENDERED AND AMOUNT: